



REVIEW ARTICLE

Postoperative management of radical cystectomy. Review of the evidence on the prevention and treatment of urological complications[☆]



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Abstract

Introduction and objectives: This review article focuses on the prevention and management of the most common postoperative urological complications of radical cystectomy. We reviewed the current literature and conducted an analysis of frequency, prevention and treatment of complications.

Acquisition of evidence: We conducted a search on Medline to identify original articles, literature reviews and editorials focusing on the urological complications of radical cystectomy during the first 90 days after surgery. We identified those series that included more than 100 patients.

Synthesis of the evidence: The literature regarding the prevention and treatment of complications after cystectomy is in general retrospective and nonstandardised. The level of evidence is generally low, and it is difficult to make evidence-based recommendations.

Conclusions: Progress has been made in recent years in reducing mortality and preventing the complications of cystectomy. The most common complications are gastrointestinal, for which significant efforts have been made to implement ERAS and Fast Track protocols. The complications that can most significantly change patients' quality of life are urinary stoma.

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PALABRAS CLAVE

Cistectomía;
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Manejo postoperatorio de cistectomía radical. Revisión de la evidencia sobre la prevención y el tratamiento de las complicaciones urológicas

Resumen

Introducción y objetivos: Este artículo de revisión se ha focalizado en la prevención y manejo de las complicaciones urológicas más frecuentes en el postoperatorio de la cistectomía radical. Se revisó la literatura actual y se realizó un análisis de frecuencia, prevención y tratamiento de las complicaciones.

Adquisición de la evidencia: Se realizó una búsqueda en Medline para identificar artículos originales, revisiones de la literatura y editoriales, focalizándose en las complicaciones urológicas de cistectomía radical durante los primeros 90 días postoperatorios. Se identificaron aquellas series que incluyeron un número mayor de 100 pacientes.

Síntesis de la evidencia: La literatura en relación con la prevención y el tratamiento de complicaciones en el postoperatorio de cistectomía es en general retrospectiva y no estandarizada. En general el grado de evidencia es bajo y es difícil realizar recomendaciones basadas en la evidencia.

Conclusiones: En los últimos años se han hecho progresos para reducir la mortalidad y prevenir complicaciones en cistectomía. Las complicaciones más frecuentes son las gastrointestinales, para las que se ha realizado un esfuerzo importante implementando protocolos ERAS y *fast track*. Las complicaciones que potencialmente pueden alterar más la calidad de vida del paciente son las del estoma urinario.

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Introduction

Radical cystectomy with bilateral ilio-obturator lymphadenectomy is the standard treatment for invasive muscle bladder carcinoma. This treatment has a 60% recurrence-free time and an overall survival rate of 45% at 10 years.¹ Along with urinary diversion, it is a procedure that presents a morbidity of up to 64%.² In recent years, the development of minimally invasive surgery, the implementation of perioperative medical care in a multidisciplinary way (check-list and fast-track protocols), together with the centralization of this procedure in third level hospitals in some countries, make it necessary to re-evaluate the progress made in terms of frequency, type and form of treatment of postoperative complications.^{3,4} Analyzing series that include more than 100 patients, a reduction in mortality up to <3–5.3% has been observed.^{5,6} However, when complications are analyzed at less than 30 days, they remain between 41% and 77%^{7,8} and around 36–77% at 90 days.^{6,9} In this review article, perioperative urological complications during the first 90 days have been evaluated.

Acquisition of evidence

The systematic literature research was conducted during March 2016 using the Medline database. The terms radical cystectomy and postoperative complications that were included in all fields of the records were used. A second research was also carried out based on nursing interventions in postoperative patient management and stoma care; in this second research, the terms radical cystectomy and stoma were used. In both researches English or Spanish, articles from the last 5 years were selected.

Two authors reviewed the selected articles independently and, finally, the papers that were chosen by consensus between the two review authors were the ones selected. In both researches, articles with longitudinal observations (prospective and retrospective), as well as systematic reviews and meta-analyses providing data on peri- and postoperative complications were selected. A critical reading of the articles categorized according to the degree of evidence of the Oxford Level of Evidence¹⁰ classification was made. Of the total of 259 articles initially identified from the key words and search criteria, a total of 50 articles were included in this review for the research of surgical complications. In the case of nursing interventions, a total of 15 articles met the criteria and 5 papers were finally included in the review (Fig. 1).

The definition of the complications has been reported using the methodology published by Mitropoulos et al.¹¹ This systematic review has been conducted in accordance with the recommendations of the PRISMA guideline.¹²

How to report cystectomy complications

The lack of standardization in classifying and publishing surgical complications has made it very difficult to have objective and comparable results. In this sense, Mitropoulos et al. have published a document, included in the guidelines of the European Association of Urology, which has the following recommendations on how to report surgical complications in urological surgery: Defining these complications accurately, using a standardized system (Clavien-Dindo highly recommended), indicating the duration of follow-up: 30, 60, 90 or >90 days and using a severity gradation (avoid the distinction between minor/major); in this respect, the classification of Clavien-Dindo and risk

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